

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2011

Change in Company's premium or rate level produced by rate  
effective 01/01/2011.STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensations	30,837,610	1.5
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): We are adopting NCCI's IL-2010-05 Illinois - Voluntary  
Advisory Loss Costs, Rates and Rating Values

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

ACUITY, A Mutual Insurance Company

Name of Company

Diane Udovich - Regulatory Filing Technician

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Comp</u>	<u>\$516,815</u>	<u>+10.8%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Introducing Type of Risk rule and loss cost multipliers by type of risk and company as follows:

Type of Risk	CM	AA
Contractors	2.184	1.955
Manufacturing	2.100	1.861
All Other	2.019	1.772

**FILED**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

MAR 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISAll America Insurance Company  
Name of Company(Mrs.) Petrise Meyer  
Sr Rates and Forms Analyst  
Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Effective Date 01-01-11

Change in Company's premium or rate level produced by rate revision effective ~~+0.55%~~ \$4,473

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$256,919	+0.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing will apply to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We will be using NCCI loss costs issued in circulars IL-2010-05, IL-2010-07 and IL-2010-10 and approved as filed.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

American National Property and Casualty Company

Name of Company

Eleanor Perry - Compliance Analyst

Official - Title

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISSTATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by \_\_\_\_\_  
effective 1-1-2011 \_\_\_\_\_.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	_____	_____
	Commercial	_____	_____
2.	Automobile Physical Damag Private Passenger	_____	_____
	Commercial	_____	_____
3.	Liability Other Than Auto	_____	_____
4.	Burglary and Theft	_____	_____
5.	Glass	_____	_____
6.	Fidelity	_____	_____
7.	Surety	_____	_____
8.	Boiler and Machinery	_____	_____
9.	Fire	_____	_____
10.	Extended Coverage	_____	_____
11.	Inland Marine	_____	_____
12.	Homeowners	_____	_____
13.	Commercial Multi-Peril	_____	_____
14.	Crop Hail	_____	_____
15.	Other Workers' Compensation	\$297,404	3.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Adopt the 1-1-2011 Rates with a deviation of 0.97.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Ansur America Insurance Company

Name of Company

Wanda Raymond, APM Senior Associate

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2011

Change in Company's premium or rate level produced by rate **STATE OF ILLINOIS**  
effective 01/01/2011 **DEPARTMENT OF INSURANCE**  
**SPRINGFIELD**

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	338,382	-4.59%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No-applies to all class codes

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI Loss Costs contained in NCCI Circular

IL-2010-10 and retain our currently filed and approved loss cost multiplier of 1.40.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Bancinsure, Inc.

Name of Company

Kathryn A. Shilling-Filings Analyst

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 01/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>7,387,999</u>	<u>-1.7%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt NCCI's revised loss costs per circular IL-2010-10 and 05 while maintaining our current expense multiplier for each company. This filing will apply to all new and renewal business with effective dates on or after January 1, 2011. This filing proposes an overall decrease of 1.7% based upon the Bituminous book of business.

**FILED**

**JAN 01 2011**

**STATE OF ILLINOIS**

- \* Adjusted to reflect prior rate changes.  
\*\* Change in Company's premium level which will result from application of new rates.

Bituminous Casualty Corporation

Name of Company

*Matthew J. Geller*

- Vice President-Underwriting

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 01/01/2011.

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	<hr/> <hr/>	<hr/> <hr/>
2. Automobile Physical Damage Private Passenger Commercial	<hr/> <hr/>	<hr/> <hr/>
3. Liability Other Than Auto	<hr/>	<hr/>
4. Burglary and Theft	<hr/>	<hr/>
5. Glass	<hr/>	<hr/>
6. Fidelity	<hr/>	<hr/>
7. Surety	<hr/>	<hr/>
8. Boiler and Machinery	<hr/>	<hr/>
9. Fire	<hr/>	<hr/>
10. Extended Coverage	<hr/>	<hr/>
11. Inland Marine	<hr/>	<hr/>
12. Homeowners	<hr/>	<hr/>
13. Commercial Multi-Peril	<hr/>	<hr/>
14. Crop Hail	<hr/>	<hr/>
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	<hr/> 1,875,069 <hr/>	<hr/> -1.7% <hr/>

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

**FILED**

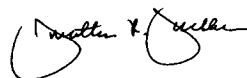
**JAN 01 2011**

**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE**

Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt NCCI's revised loss costs per circular IL-2010-10 and 05 while maintaining our current expense multiplier for each company. This filing will apply to all new and renewal business with effective dates on or after January 1, 2011. This filing proposes an overall decrease of 1.7% based upon the Bituminous book of business.

- \* Adjusted to reflect prior rate changes.  
\*\* Change in Company's premium level which will result from application of new rates.

Bituminous Fire and Marine Insurance Company  
Name of Company



- Vice President-Underwriting  
Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 01, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>2,116,571</u>	<u>+1.5</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI State Filing Circular IL 2010-05 & IL-2010-07 & IL 2010-10

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED**  
**JAN 01 2011**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF INSURANCE**  
**SPRINGFIELD, ILLINOIS**

Capitol Indemnity Corporation  
 Name of Company

Lois Beld, Senior Rate  
 Analysis

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>4,563,017</u>	<u>0.4%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2011.

We wish to make this filing effective for all policies effective on or after January 1, 2011.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED**

JAN 01 2011

CastlePoint National Insurance Co.

Name of Company

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISWay V. Storch  
Senior Business Analyst

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Comp</u>	<u>\$2,735,880</u>	<u>+8.6%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Introducing Type of Risk rule and loss cost multipliers by type of risk and company as follows:

Type of Risk	CM	AA
Contractors	2.184	1.955
Manufacturing	2.100	1.861
All Other	2.019	1.772

**FILED**

MAR 01 2011

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISCentral Mutual Ins Co

Name of Company

(Mrs.) Petrise Meyer  
Sr Rates and Forms Analyst  
Official - Title

**ILLINOIS SUMMARY SHEET**

**FORM RF-3**

*EFFECTIVE DATE 01-01-11*

Change in Company's premium or rate level produced by rate revision effective \$158,147

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi Peril		
14. Crop Hail		
15. Workers Compensation	\$4,624,151	9.91%
16. Other		

Does filing only apply to certain territory (territories) or certain classes? If so, Specify \_\_\_\_\_

Brief description of filing ( if filing follows rates of an advisory organization, specify organization ) NCCI

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Church Mutual Insurance Company

Name of Company

Lynn Reichelt – Director – Casualty Lines

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>\$40,676,098</u>	<u>+0.7%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/2011. Please reference NCCI circulars IL-2010-05 and IL-2010-10

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Casualty Company  
Name of Company

Kara Armstead - Senior Filings Analyst  
Official - Title

# FILED

MAR 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$6,022,609	+0.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/2011. Please reference NCCI circulars IL-2010-05 and IL-2010-10

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Indemnity Company

Name of Company

Kara Armstead - Senior Filings Analyst

Official - Title

# FILED

MAR 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$8,151,707	-1.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/2011. Please reference NCCI circulars IL-2010-05 and IL-2010-10

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company

Name of Company

Kara Armstead - Senior Filings Analyst

Official - Title

**FILED**

MAR 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 4/1/11

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,556,238</u>	<u>0.4%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Postpone NCCI's effective date of approval circular IL-2010-10 from 1/1/11 to 4/1/11.

\* Adjust to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

COLUMBIA NATIONAL INS. CO.

Name of Company

Dennis McVay, CPCU

Director, Research & Development

Official - Title

**FILED**

APR 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$10,000,000	1.5%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting NCCIVoluntary rates and rating values effective January 1, 2011 without deviation. Adopting NCCI January 1, 2011Experience Rating Plan values, expected loss rates and d-ratios, and NCCI retrospective rating plan values.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Continental Indemnity Company  
Name of CompanyJoan Klucarich, Actuary  
Official — Title**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# FILED

JAN 01 2011

Form (RF-3)

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective Effective Date 2.3% JAN. 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>2,401,100</u>	<u>2.3%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to adopt the 1/1/2011 NCCI loss costs and to change our current loss cost multiplier of 1.426 to 1.408 effective 1/1/2011.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Florists' Mutual Insurance  
Company

Name of Company

Danielle Ankrom, Senior  
Compliance Analyst

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

**FILED**

FORM (RF-3)

JAN 01 2011

## SUMMARY SHEET

Change in Company's premium or rate level produced by the filing effective 1-1-2011 \_\_\_\_\_.

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$10,016,559	2.3%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopt the 1-1-2011 Rates with a deviation of 1.00.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Company

Name of Company

Wanda Raymond, APM Senior Associate

Official - Title

**FILED****ILLINOIS SUMMARY SHEET****JAN 01 2011****FORM RF-3****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**

Change in Company's premium or rate level produced by rate revision effective January 01, 2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 1,607,153	+ .04
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt NCCI Loss Costs effective 1/01/2011. NCCI approval circular IL-2010-10.

**GATEWAY INSURANCE COMPANY, NAIC 28339****Laura Ellsworth  
Compliance Specialist**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective January 1, 2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	4411848	5.85%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): NCCI IL-2010-05

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

**FILED****JAN 01 2011**

**STATE OF ILLINOIS**  
DEPT. OF INSURANCE  
SPRINGFIELD, ILLINOIS

Grange Mutual Casualty CompanyName of CompanyEmily Ling, Pricing AnalystOfficial - Title

**FILED**

## Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

JAN 01 2011

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Company's premium or rate level produced by rate revision

effective 01-01-2011

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$5,397	+ 7.2%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No, all classes

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

The purpose of this filing is to adopt the NCCI Loss Costs contained  
in approval circular IL-2010-10 effective 01-01-2011. Our loss cost multiplier will remain at 2.17. This will result in  
an overall rate increase of 7.2% based on Harco's premium distribution.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Harco National Insurance Company

Name of Company

Al Birch, Sr. Vice President

Official - Title

## FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$2,848,698	+2.9%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No certain territory. No certain class.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting National Council on Compensation Insurance (NCCI) 01/01/2011 Illinois Advisory Rates and Miscellaneous Values. We are applying a -10% rate deviation to all classes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Illinois Casualty Company

Name of Company

*Fred Parcels*

Official—Title

Fred Parcels, Program Manager

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**SUMMARY SHEET**

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: **01/01/2011**

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary & Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine _____		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation	<b>\$3,795</b>	<b>+0.4%</b>
16. Other:		

**FILED**

**JAN 01 2011**

**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? **NO**

If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

**IMT Insurance is filing to adopt the NCCI loss costs and miscellaneous rating values as filed to be effective January 1, 2011.**

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

IMT Insurance Company

Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
effective February 1, 2011

**FILED**

FEB 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$ 7,625,440 Man Prem @ CRL	+2.6% (Estimated)
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adoption of NCCI advisory loss cost filing IL-2010-05. Approval circular

IL-2010-10. Michigan Commercial Insurance Mutual will adopt the NCCI filed and approved loss costs effective 2/1/11 with no class rate change to increase more than +15% or decrease more than -15%.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Michigan Commercial Insurance Mutual

Name of Company

Diane Rardeen - Compliance Analyst

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective January 1, 2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	\$7,665	0.4%
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Adopting NCCI approved Loss Costs Effective January 1, 2011

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Midwest Builders' Casualty Mutual Company

Name of Company

Rose Kasper - Compliance Officer

Official - Title

**FILED**  
JAN 01 2011  
DEPARTMENT OF REVENUE  
STATE OF ILLINOIS

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2011

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Work Comp	895883	0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Midwest Family Mutual

Name of Company

Heather T Sams - R & D Analyst

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>11,177,796</u>	<u>-1.4</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization):

Old Republic General Insurance Corporation  
Adoption of NCCI IL-2010-05 Advisory Rates, Loss Costs, and Rating Values

We request an effective date of January 1, 2011 to coincide with the NCCI loss  
cost filing approved under Circular IL-2010-10.

We will apply our current LCM, 1.64, to the January 1, 2011 NCCI loss costs.

We hereby certify that the only changes made from our previously filed manual  
are the NCCI changes as adopted and filed under our Rates Tab.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new  
rates.

Old Republic General Insurance Corporation  
Name of Company

Deborah J. Matthews - Assistant Vice President - Compliance  
Official - Title

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**FILED**

JAN 01 2011

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2011STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS  
Percent  
Change (+ or -)\*\*

(1) Coverage	(2) Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers, Compensation</u>	<u>10,699,075</u>	<u>-3.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: \_\_\_\_\_Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization):Old Republic Insurance Company  
Adoption of NCCI IL-2010-05 Advisory Rates, Loss Costs, and Rating ValuesWe request an effective date of January 1, 2011 to coincide with the NCCI loss  
cost filing approved under Circular IL-2010-10.We have decreased our LCM from 1.72 to 1.69. We will apply our new LCM, 1.69,  
to the January 1, 2011 NCCI loss costs.We hereby certify that the only changes made from our previously filed manual  
are the NCCI changes as adopted and filed under our Rates Tab.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new  
rates.Old Republic Insurance Company

Name of Company

Deborah J. Matthews - Assistant Vice President - Compliance

Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,521,365	+1.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: The loss cost multiplier for Class Code 8045 will remain unchanged at 1.222; the loss cost multiplier for Class Codes 7380 and 8835 will remain unchanged at 1.524 and all other classes' loss cost multiplier will remain unchanged at 1.644.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2010-10

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Pharmacists Mutual Insurance Company

Name of Company

Kris Laubenthal - Rate Filing Analyst

Official - Title

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u>	<u>\$100,000 estimated</u>	<u>1.5%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Voluntary Market Advisory Rates, Loss Costs, and Rating Values effective January 1, 2011 as published in NCCI approval circular IL-2010-10 and in Filing Circular IL-2010-09.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Safety First Insurance Company

Name of Company

Casey Kruse – Compliance Coordinator

Official – Title

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u> Line of Insurance	<u>\$1,500,000 estimated</u>	<u>1.5%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Voluntary Market Advisory Rates, Loss Costs, and Rating Values effective January 1, 2011 as published in NCCI approval circular IL-2010-10 and in Filing Circular IL-2010-09.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Safety National Casualty Corporation

Name of Company

Casey Kruse – Compliance Coordinator

Official – Title

# FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
JAN 01 2011

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 11/01/2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,569,669</u>	<u>0.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adoption of NCCI advisory rates effective 01/01/2010 in  
Illinois.

**FILED**

NOV 01 2010

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Sentry Casualty Company  
Name of Company

*William O'Reilly*

- Vice President General Counsel & Corporate Secretary  
Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$95,359	+0.7%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

This follows the 1-1-2011 loss cost filing on our behalf  
NCCI. Please reference NCCI circular IL-2010-10.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

SFM Mutual Insurance Company

Name of Company

Brian R. Bent, VP & Director of Underwriting

Official - Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 2/1/2011 New, 2/1/2011 Renewal.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$11,691,067	-4.86%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

We are adopting NCCI Voluntary WC Rates eff 2/1/2011 with  
deviations in rates for certain class codes due to experience.

The above result contemplates overall total impact.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

**FILED**

FEB 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Society Insurance, a mutual company

Name of Company

Dennis Saldana- Staff Underwriter

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>2,316,256</u>	<u>0.4%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Tower Insurance Company of New York herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2011.

We wish to make this filing effective for all policies effective on or after January 1, 2011.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED**  
**JAN 01 2011**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF INSURANCE**  
**SPRINGFIELD, ILLINOIS**

Tower Insurance Company of NY

Name of Company

Faye V. Storch

Senior Business Analyst

Official - Title

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>89,602</u>	<u>0.4%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2011.

We wish to make this filing effective for all policies effective on or after January 1, 2011.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED**

JAN 01 2011

Tower National Insurance Co.

Name of Company

Faye V. Storch

Senior Business Analyst

Official - Title

H29219D

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective January 1, 2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>1384152</u>	<u>6.45%</u>
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): NCCI IL-2010-05

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Trustgard Insurance Company

Name of Company

Emily Ling, Pricing Analyst

Official – Title

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: **01/01/2011**

	(1)	(2)	(3)
	<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine _____		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	<b>\$157.00</b>	<b>+0.4%</b>
16.	Other:		

**FILED**  
JAN 01 2011  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? **NO**

If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

**Wadena Insurance is filing to adopt the NCCI loss costs and miscellaneous rating values as filed to be effective January 1, 2011.**

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Wadena Insurance Company  
Name of Company  
Jason Thompson, BA, MA Filing Analyst, Research & Development  
Official - Title

SUMMARY SHEETChange in Company's Premium or rate level produced by rate revision effective 1/1/2011

	(1)	(2)	(3)
	<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>\$38,471,041 (2009) 2.0%</u>	<u>2.0%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of Illinois Workers Compensation rates from NCCI approved by Illinois of Insurance effective January 1, 2011

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.West Bend Mutual Insurance Company  
Name of CompanyStephen J. Mueller, CPCU - Product Development Specialist  
Official - Title

H29219D

**FILED**  
 JAN 01 2011  
 STATE OF ILLINOIS  
 DEPARTMENT OF INSURANCE  
 SPRINGFIELD, ILLINOIS

**ILLINOIS SUMMARY SHEET**

**FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective 1/1/2011 .

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1 Automobile Liability		
Private Passenger		
Commercial		
2 Automobile Physical Damage		
Private Passenger		
Commercial		
3 Liability Other than Auto		
4 Burglary and Theft		
5 Glass		
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire		
10 Extended Coverage		
11 Inland Marine		
12 Homeowners		
13 Commercial Multi-Peril		
14 Crop Hail		
15 Workers Compensation	4,172,910	12.2%
16 Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

This filing adjusts the LCM currently on file based on actual loss experience.

This filing does follow the NCCI loss cost filing effective on 1/1/11.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Work First Casualty Company

Name of Company

**FILED**

Kathy T. Forno, HIA, CCP, DCP Manager, State Filin  
Official — Title

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS